

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2	1						52				
3	1						53				
4	2						54				
5	1						55				
6	8						56				
7	0						57				
8	1						58				
9	1						59				
10	2						60				
11	0						61				
12	0						62				
13	0						63				
14	0						64				
15	1						65				
16	1						66				
17	1						67				
18	2						68				
19	1						69				
20	1						70				
21	1						71				
22	0						72				
23	0						73				
24	1						74				
25	1						75				
26	1						76				
27	0						77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
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36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	8						TOTAL IND.				
TOTAL DEP.	29						TOTAL DEP.				
TOTAL CLAIMS	30						TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS